



LOS ANGELES COUNTY
COMMISSION ON HIV HEALTH SERVICES

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

May 31, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**APPROVE ORDINANCE REVISIONS AND MEMBERSHIP FOR
COMMISSION ON HIV HEALTH SERVICES
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the attached Ordinance amending Chapter 3.29 of the Los Angeles County Code regarding the Commission on HIV Health Services and its operations (Attachment A).
2. Appoint the attached Commission membership nominations to fill seats in the new membership structure (Attachment B).

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

Approval of the proposed revisions to Chapter 3.29 of the Los Angeles County Code would update Ordinance provisions governing operations of the Los Angeles County Commission on HIV Health Services ("Commission"). The revisions will accomplish the following:

1. They bring the Ordinance into conformity with requirements resulting from the Reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act ("CARE Act") in 2000;
2. They more accurately reflect the activities, responsibilities and relationships of the Commission since its administration was moved from the Department of Health Services (DHS) to the Executive Office in 2003;

3. They respond to various Board of Supervisors directives and instructions; and
4. They specify new attendance and administrative procedures that, based on experience, will facilitate more orderly and effective Commission operations.

Appointment of the new Commission member nominations would fill a majority of the seats in the new Commission membership structure, therein enabling the Commission to commence its new tenure.

Implementation of Strategic Plan Goals:

The proposed Ordinance revisions are consistent with and advance County Strategic Plan goals of Organizational Effectiveness, Fiscal Responsibility and Health and Mental Health by improving and strengthening Commission operational efficiencies/initiatives.

FISCAL IMPACT/FINANCING:

There is no cost impact for the County as a result of the Board's approval of the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

In late 2000, the CARE Act was reauthorized ("Reauthorization") for a second time, on a unanimous vote of Congress. The Reauthorization not only extended the CARE Act for a third five-year period, but altered several key provisions related to local Title I planning council governance and membership. The Los Angeles County Commission on HIV Health Services serves as the local Title I planning council. Primarily, amendments to the Reauthorization concerning planning councils required one-third of the planning council seats to be filled by "unaffiliated" consumers who reflect the ethnic and gender proportions of the local epidemic; clarified membership nomination, selection and conflict-of-interest criteria; and enhanced emphasis on grievance and quality management responsibilities.

In November 19, 2002, the Board of Supervisors asked DHS and the Auditor-Controller to consider ways to reduce the size of the Commission membership, and to examine potential conflict-of-interest among members of the body.

On July 1, 2003, the Commission was transferred from the DHS to the Board of Supervisors Executive Office, consistent with original spirit and intent of the CARE Act. The transfer resulted in new Commission reporting relationships to the Executive Office and the Board of Supervisors, and removed DHS authority over the Commission. It also established distinct staff, offices and work duties for the Commission.

In September 2003, the Commission formed a workgroup to formulate a new membership structure consistent with CARE Act requirements and ongoing guidance from the Health Resources and Services Administration (HRSA), the federal agency that administers the CARE Act. The resulting membership proposal was approved by the Commission on March 11, 2004, and forwarded to DHS and County Counsel for approval. Minor modifications were made to the membership plan to accommodate DHS needs, and the new, proposed structure has been incorporated into the proposed Ordinance revisions.

On December 7, 2004, the Board of Supervisors approved the Commission's Sunset Review through June 30, 2006. The Audit Committee suggested, upon the Commission recommendation, a two-year review date in order to shift the Sunset Review schedule to coincide with the CARE Act Reauthorization schedule. Representatives from the Commission, DHS and County Counsel have met on numerous occasions to draft additional revisions updating the Ordinance in accordance with the Reauthorization and the Commission's new status independent of DHS, and to effect administrative changes that will allow the Commission to run more smoothly.

DHS concurs with the proposed Ordinance revisions. County Counsel reviewed and approved the Ordinance as to form. Among the principle modifications are:

- Shortening the Commission's name to "Commission on HIV";
- Reducing the voting membership size by 20%, accommodating all CARE Act, HRSA and County membership requirements, illuminating potential conflict-of-interest by clearly identifying provider seats, and incorporating Service Provider Area (SPA)-based representation;
- Aligning nomination procedures with HRSA mandates;
- Elaborating on conflict-of-interest rules;
- Standardizing terms of service and member accountability;
- Instituting new attendance rules and consequences;
- Creating Board appointment of special committee members, as needed; and
- Conforming Commission duties and reporting relationships to its new status in the Board of Supervisors Executive Office.

In preparation of the Board's review of the proposed Ordinance revisions, the Commission began identifying potential candidates for the new Commission membership in September 2004. Those candidates have gone through extensive training and have been attending monthly Commission meetings since January 2005. At its May 12, 2005 meeting, the Commission nominated the accompanying slate of candidates (Attachment B) to fill a majority of seats in the new membership structure. Appointment of the candidates concurrent with approval of the Ordinance revisions will allow the Commission to seat its membership and start its new tenure at its meeting subsequent to the effective commencement date of the revised Ordinance, consistent with revised language in 3.29.100. Candidates to fill the remaining vacancies will be nominated and forwarded to the Board of Supervisors for appointment in the weeks following the Board's approval of the Ordinance revisions.

FACTS AND PROVISIONS:

Chapter 3.29 of the County Code should be revised as outlined in the attached Ordinance (Attachment A).

Board of Supervisors
May 31, 2005
Page 5 of 5

IMPACT ON CURRENT SERVICES:

The suggested revisions to Chapter 3.29 of the County Code will speed Commission operations, resulting in a more efficient and effective Commission with greater accountability to the various constituencies it serves. Improved compliance with HRSA and CARE Act requirements will enhance Los Angeles County's annual CARE Act application effectiveness, and could preserve or increase funding for HIV/AIDS services locally.

Respectfully submitted,



Craig A. Vincent-Jones
Executive Director

CAVJ:vyb

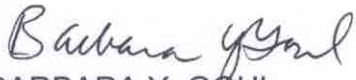
c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Auditor-Controller
Director of Health Services

ATTACHMENT A

ANALYSIS

This ordinance amends Title 3 - Advisory Commissions and Committees of the Los Angeles County Code relating to the Commission on HIV to add definitions, change name of commission, reduce number of members, change procedures for nomination of members and alternate members, amend the conflict of interest provision, change the term of service, reduce the number of meetings, clarify procedures, add compensation, clarify duties, and clarify grievance procedure.

RAYMOND G. FORTNER, JR.
County Counsel

By 
BARBARA Y. GOUL
Principal Deputy County Counsel
Public Services Division

BYG:ec

06/08/04 (Requested)

03/25/05 (Revised)

ORDINANCE NO. _____

An ordinance amending Title 3 - Advisory Commissions and Committees of the Los Angeles County Code, relating to the Commission on HIV.

The Board of Supervisors of the County of Los Angeles ordains as follows:

SECTION 1. Section 3.29.010 is hereby amended to read as follows:

3.29.010 Definitions.

- A. ~~"AIDS" means acquired immune deficiency syndrome~~
"Administrative agency" indicates the Office of AIDS Programs and Policy (OAPP), Department of Health Services.
- B. ~~"Applicant" means a person seeking appointment to the Commission who has completed a membership application form~~ "Administrative mechanism" describes the partnership of the board of supervisors, commission, grantee and administrative agency, and other participants in the service delivery system.
- C. ~~"CARE Act" means the Ryan White Comprehensive AIDS Resources Emergency Act of 1990~~ "AIDS" means acquired immune deficiency syndrome.
- D. ~~"Department" means the department of health services for the county~~ "Allocations" are the funds to be expended for HIV services and related purposes to be determined by the commission.

E. ~~"Director" means the director of health services for the county~~
"Candidate" refers to a person who has completed a membership application form and is seeking appointment to the commission.

F. ~~"HIV" means human immunodeficiency virus~~ "CARE Act" means the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and its subsequent reauthorizations.

G. ~~"HIV disease" means disease due to HIV infection~~ "Consumer" is an HIV-positive and/or AIDS-diagnosed individual who uses CARE Act-funded services and/or is the caretaker of a minor with HIV/AIDS.

H. ~~"Nominating Body" means an organization, agency, institution, entity or person authorized pursuant to 3.29.030 to designate applicants as nominees for consideration for appointment to the Commission~~ "Eligible Metropolitan Area (EMA)" is the jurisdiction eligible to receive CARE Act Title I funds, corresponding locally with the Los Angeles County borders.

I. "Executive director" is the executive staff member of the commission.

J. "Grantee" indicates the Los Angeles County Department of Health Services (DHS).

K. "Health Resources and Services Administration (HRSA)" is the federal agency managing and administering the use of CARE Act funds.

L. "HIV" means Human Immunodeficiency Virus.

M. "HIV disease" means disease due to HIV infection, including AIDS.

N. "Nominating body" refers to the commission in its role of designating candidates as nominees for consideration for appointment to the commission.

O. "Open nominations" refers to the requirements and guidelines developed by HRSA governing Title I planning council membership and nominations.

P. "Planning council" refers to the commission in its role as the local community planning body mandated by the CARE Act for EMAs.

Q. "Priorities" are the list of services categories, ranked in order of need and importance, that are eligible for funding and best meet the need in the EMA.

R. "Recommending entity" is an organization, agency, institution, entity or person authorized pursuant to 3.29.030 to propose candidates for consideration as nominees for appointment to the commission.

S. "Title I" is the source of CARE Act funds awarded to EMAs, and from which Los Angeles County directly receives its largest share of CARE Act funding.

T. "Title II" refers to those CARE Act funds received by the State of California from HRSA, and then disbursed to the Los Angeles County grantee.

U. "Unaffiliated consumer" means a consumer who does not serve in a decision-making capacity (including but not limited to an employee, consultant and/or board member) at any Title I-funded organization or agency.

SECTION 2. Section 3.29.020 is hereby amended to read as follows:

3.29.020 Created. There is created the commission on HIV ~~health services~~, hereafter referred to in this chapter as the "commission."

SECTION 3. Section 3.29.030 is hereby amended to read as follows:

3.29.030 Membership.

All members of the commission shall serve at the pleasure of the board of supervisors. The commission shall consist of ~~47~~39 voting and ~~23~~ non-voting members appointed by the board of supervisors and nominated by the ~~following nominating bodies~~ commission. The following recommending entities shall forward candidates to the commission for membership consideration:

A. ~~40 Six voting members representing the general public with each member of the board of supervisors nominating two such members;~~ are recommended by the following governmental, health and social service institutions:

1. Medi-Cal, state of California,
2. The Office of AIDS, state of California,
3. The city of Pasadena,
4. The city of Long Beach,
5. The city of Los Angeles,
6. The city of West Hollywood.

The recommending entities will forward the candidates for commission consideration in compliance with federal open nominations requirements;

B. ~~Nine members representing the AIDS community, nominated one each by the following bodies~~ Five voting members are recommended by the grantees or representative grantee groups of direct grant recipients in the EMA from the five parts of the CARE Act, as indicated and in compliance with federal open nominations requirements:

1. ~~Case management task force~~ Title I (DHS Public Health),
2. ~~Counseling and testing task force~~ Title II (DHS Public Health),
3. ~~Women's caucus~~ Title III (Title III grantees),
4. ~~Housing task force~~ Title IV (Title IV grantees),
5. ~~Mental health task force~~ Part F [local medical school AIDS Education and Training Center (AETC) programs];
6. ~~Adolescent HIV consortium,~~
7. ~~Substance abuse task force,~~
8. ~~HIV/Homeless task force, and~~
9. ~~Advocates for the incarcerated task force.~~

~~If any such body should cease to exist or if there are disputes among the leadership and membership of any such body, nominations to represent that service category or group shall be made by the director of the department of health services, after consultation with the existing task forces, consortia, or associations of AIDS service providers in the county;~~

C. ~~Eight members living with HIV/AIDS, nominated by the commission to represent the following populations~~ voting unaffiliated consumers, one representing each of the eight Service Planning Areas (SPAs) and recommended, along with at least one other candidate, by the Service Provider Network (SPN) Consumer Advisory Board for the SPA;

- ~~1. African Americans,~~
- ~~2. Asian/Pacific Islanders,~~
- ~~3. Latinos/Latinas,~~
- ~~4. Women,~~
- ~~5. American Indians,~~
- ~~6. Gay/bisexual men,~~
- ~~7. Persons with hemophilia, and~~
- ~~8. Gay/bisexual men of color.~~

~~In making these recommendations, the commission shall seek broad input from the respective populations;~~

D. ~~Three members nominated by the HIV prevention planning committee, established by the department of health services in accordance with the Centers for Disease Control and Prevention Community Planning initiative. At least one of these members must be a person living with HIV/AIDS. If the HIV prevention planning committee should cease to exist, nominations to represent HIV prevention shall be by the director of the department of health services, after consultation with HIV prevention task forces, consortia or associations of AIDS service providers in the county;~~ Five voting unaffiliated consumers, one representing each of the five supervisorial districts to be nominated from the pool of candidates who have

been recommended to or have applied for a seat on the commission;

E. Ten members nominated one each by the following agencies and institutions: Eight voting provider representatives, one representing each of the eight Service Planning Areas (SPAs) and recommended, along with at least one other possible candidate, by the Service Provider Network (SPN) for the SPA. Among the provider representatives nominated for appointment to the commission, at least one representative must come from:

1. ~~The department of health services, by the director of public health programs and services, who shall nominate an employee of the department who is assigned to a public health function but who is not assigned to the department's office of AIDS program and policy~~ an AIDS service organization (ASO),
2. ~~The Los Angeles Pediatric AIDS Network~~ a social service provider,
3. ~~The city of Los Angeles~~ a mental health provider,
4. ~~The city of Long Beach~~ a substance abuse provider, and
5. ~~The city of Pasadena,~~ an organization offering other federally-funded HIV programs, including HIV prevention programs;
6. ~~The city of West Hollywood,~~
7. ~~The state of California, by the State Health and Welfare Agency Chief, Office of AIDS,~~
8. ~~Health Care Association of Southern California,~~
9. ~~The Los Angeles County Medical Association, and~~

~~10. The state of California, to serve as the Medi-Cal representative;~~

F. ~~One member to be nominated on an annual rotating basis among the UCLA Medical School, the USC Medical School, and the Charles Drew Post Graduate Medical School; Five voting representatives, one recommended by each of the five supervisorial offices in compliance with federal open nominations requirements;~~

G. ~~Five persons living with HIV/AIDS, one from each supervisorial district to be nominated by the commission, after consultation with existing HIV geographical consortia; One voting HIV specialty physician representing an HIV medical provider, nominated from the pool of candidates who have been recommended to or have applied for a seat on the commission;~~

H. ~~One person with expertise in managed care, nominated by the commission One voting representative of health care systems, nominated from the pool of candidates who have been recommended to or have applied for a seat on the commission;~~

I. ~~Two non-voting members shall be nominated by the department of health services, one by the director of AIDS programs and one by the fiscal agent for Title II Three non-voting representatives from the Los Angeles County Office of Health Assessment and Epidemiology, Office of AIDS Programs and Policy, and Prevention Planning Committee.~~

In all categories where not specifically required, recommended entities and the nominating bodies are strongly encouraged to forward the candidacies of nominate persons living with HIV/AIDS. ~~The commission shall ensure that the membership of the commission include grantees under other federal HIV programs. The commission shall further ensure that the membership composition of the commission reasonably reflects the demographics of the epidemic in the county~~ Members are expected to report to and will be held accountable to the recommending entities and constituencies whom they represent. Members may, at times, represent multiple constituencies.

At least one of the voting members of the commission shall be a member in good standing of the Prevention Planning Committee.

In accordance with Title I grant requirements, the commission shall ensure that its full membership and the subset of unaffiliated consumer members shall proportionately reflect the ethnic, racial and gender characteristics of local HIV prevalence. In making nominations for appointment to the Board, the commission shall further ensure that the commission membership conforms to Title I grant requirements, as detailed in HRSAS policies, for representation, reflectiveness of the epidemic, and consumer membership.

SECTION 4. Section 3.29.040 is hereby amended to read as follows:

3.29.040 Alternate members.

One alternate may be nominated by ~~each member of the commission~~ for each member who has disclosed that he/she is living with HIV/AIDS. An alternate ~~may~~ shall attend meetings of the commission and vote in the absence of the person for whom he/she is designated as an alternate. Nominations of the alternates shall be made by the person or organization which nominated the member for whom he/she is an alternate, and the alternate must represent the same category of membership as the member. from the pool of candidates recommended for membership. The Commission shall ensure that the composition of alternate members conforms to any Title I grant requirements which apply to alternates as detailed in HRSA policies for representation, reflective of the epidemic and consumer membership.

SECTION 5. Section 3.29.045 is hereby amended to read as follows:

3.29.045 Nominations.

Nominations for membership shall be conducted through an open process and candidates selected based on delineated and publicized criteria which include a conflict of interest standard as set out in Section 3.29.046. The commission shall form a standing ~~Recruitment, and Diversity and Bylaws (RD&B)~~ Recruitment, and Diversity and Bylaws (RD&B) committee which ~~semi-annually~~ shall review the composition of the commission, and conduct broad-based advertisement, recruitment and initial screening of applicants on an ongoing basis. The commission and the RD&B committee are responsible for processing the nominations

for membership it receives, and shall select the candidates based on their qualifications to meet specific seat requirements, and in order to help the commission meet other membership mandates and requirements. Membership application forms shall include open-ended questions to capture a broad array of information regarding experience and background. Applicants shall designate the nominating body(ies) they wish to represent. The recruitment and diversity committee shall forward completed applications to the nominating bodies chosen by the applicant. The recruitment and diversity committee shall inform the nominating bodies regarding the demographic needs of the commission membership and shall encourage the nominating bodies to select applicants who fill those demographic needs. Each nominating body will engage in a formal selection process to review applications and forward its nomination(s) to the recruitment and diversity committee. All applications shall be reviewed and evaluated by the RD&B committee, which, in turn, shall forward qualified candidates to the full commission. The nominating body must present evidence that more than one application was considered. Upon receipt of nominations, the recruitment and diversity committee will ensure nominations meet the composition requirements and forward nominations to the commission for ratification. Upon approval by the commission, The nominations will then be sent to the board of supervisors for its consideration for appointment to the commission. This process will be conducted prior to the annual commission elections and during the year in the event of mid-year vacancies.

SECTION 6. Section 3.29.046 is hereby amended to read as follows:

3.29.046 Conflict of interest.

A. The CARE Act requires specified consistencies and entities to be represented on the commission. The CARE Act requires the commission to establish priorities for the allocation of funds within the eligible area. Therefore, commission members, regardless of their private affiliations, may participate in setting funding priorities and allocations of CARE Act funds in percentage and/or dollar amounts to the various service categories, with the following limitation: The commission shall not be involved directly or in an advisory capacity in the administration of Title I and II grant funds and shall not designate or otherwise be involved in the selection of particular entities as recipients of those grant funds.

~~A. The commission shall not be directly involved in the administration of grant funds and shall not designate or otherwise be involved in the selection of particular entities as recipients of grant funds.~~

~~B. No member shall participate directly or in an advisory capacity in the process of selecting entities to receive funds if that member has a financial interest in, is an employee of or is a member of a public or private entity or organization seeking funds.~~

B. All members and alternates of the commission and participants in the commission's community planning process shall act in accordance with the commission's adopted code of conduct.

SECTION 7. Section 3.29.050 is hereby amended to read as follows:

3.29.050 Term of service.

A. All members and alternates shall serve at the pleasure of the board of supervisors. Any member/~~alternate~~ whose employment or status no longer meets the membership category to which he/she was appointed to represent shall be ~~subject to removal~~removed from the commission as determined by the board of supervisors.

B. The initial term of all 42 members shall expire on June 30, 2006. If the commission's sunset review date is extended beyond June 30, 2006, At its first meeting following the effective date of the extension, the commission shall classify its members, ~~excluding the members described in Section 3.29.030 subsections E and F,~~ by lot, so that the ~~initial~~ term of ~~48~~ 21 members and their corresponding alternates shall expire on June 30, ~~1996~~ 2006, and the ~~initial~~ term of the remaining ~~48~~ 21 members and their corresponding alternates shall expire on June 30, ~~1997~~ 2007. After the initial term, the term of each such member shall be two years.

~~Members appointed pursuant to Section 3.29.030 subsections C, G, and H shall be included in this classification by lot regardless of whether such members have yet been nominated or appointed.~~

C. ~~The term of the members to be alternately nominated by the UCLA Medical School, the USC Medical School and the Charles R. Drew Post Graduate Medical School shall be one year with the first nomination to be from UCLA Medical School. No member may serve on the commission for more than two full consecutive terms.~~

D. ~~The members appointed pursuant to Section 3.29.030 subsection E shall not serve for specified terms but rather shall serve:~~ In addition to their commission service, members are required to serve on at least one of the commission's standing committees.

1. ~~As long as he/she is employed by, or affiliated with, the local agency or institution he/she represents; or~~

2. ~~Until a replacement is nominated by the entity that he/she represents and is appointed by the board of supervisors.~~

E. ~~Members who serve for a specified term may be reappointed but no member may serve for more than two consecutive full terms. For purposes of this section, a term served on the HIV planning council or the commission on HIV and AIDS shall count as a term on this commission.~~ During the course of a year, absence from any combination of six regularly scheduled commission meetings and/or regularly scheduled meetings of the committee to which the member has been assigned may result in the board of supervisors removing the member from the commission. Reinstatement or replacement may occur with subsequent nomination from the commission and appointment by the board. An alternate's attendance in a member's place is considered attendance by the member at the meeting.

SECTION 8. Section 3.29.060 is hereby amended to read as follows:

3.29.060 Meetings and executive committees.

A. The commission shall meet ~~monthly~~ at least ten times a year.

B. The commission shall establish and elect an executive committee to set agendas for meetings and conduct business between commission meetings. The executive committee shall include the ~~member representing the department appointed by the director of~~ director of the Los Angeles County Office of AIDS Programs and Policy, the co-chairs of the commission, three at-large members elected by the commission, and the chairs of the standing committees of that the commission establishes.

C. ~~If any member fails to attend three consecutive meetings without being formally excused by the co-chairs, both~~ On quarterly basis, the board of supervisors and the various recommending entities ~~person or entity which nominated the member shall be notified of such failure to attend~~ member attendance at commission meetings and meetings of standing committees. ~~The person or entity which nominated the member shall immediately present in nomination to the board of supervisors the name of an individual to replace the member. Until the board of supervisors has acted upon the replacement's nomination, the member to be replaced shall remain a voting member of the commission.~~

D. As needed by committees and appropriate for added professional expertise and/or as a means of further engaging community participation in the planning process, the commission is empowered to nominate candidates who are not commission members for appointment by the board of supervisors as voting members of its committees. The term of each such member shall be two years.

SECTION 9. Section 3.29.070 is hereby amended to read as follows:

3.29.070 Procedures.

The commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation. A majority of the ~~commission~~ voting members who have been appointed shall constitute a quorum of the commission.

SECTION 10. Section 3.29.080 is hereby amended to read as follows:

3.29.080 Compensation.

When required to travel outside the county in performance of commission duties, members may be reimbursed from CARE Act or other funds for necessary traveling expenses, including transportation, meals and lodging. To be reimbursable, such travel must receive prior written approval from the executive director or his designee.

Corresponding with CARE Act and HRSA guidelines, members of the commission may also be reimbursed for local travel and mileage, meals associated with commission business, child care during commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The commission may, rather than reimburse for those expenses, make arrangements to provide those services directly to members.

The commission and the executive director will establish and implement procedures for eligibility and utilization of the foregoing described reimbursements.

SECTION 11. Section 3.29.090 is hereby amended to read as follows:

3.29.090 Duties.

The commission is authorized to:

- A. Develop a comprehensive care plan for the organization and delivery of health services described in Section 2604 (42 U.S.C. § 300ff-12) of the CARE Act that is compatible with any existing state or local plans regarding the provision of health services to individuals with the HIV disease;
- B. Establish priorities and for the allocations of ~~Title I~~ CARE Act funds in percentage and/or dollar amounts to the various service categories, review the overall allocation of these funds by the ~~department~~ grantee for consistency with the established priorities and the comprehensive care plan, without the review of individual contracts, and report to the board of supervisors and ~~the health resources and services administration~~ HRSA as to whether the allocations is are consistent with the established

priorities and the comprehensive care plan;

C. Assess the service effectiveness and the efficiency of the administrative mechanism in accordance with Title I grant requirements, as detailed in HRSA policies; in allocating CARE Act funds to the areas of greatest need;

D. Study, advise and recommend to the board of supervisors and the director grantee on matters related to HIV/AIDS;

E. Make reports to the board of supervisors and the director grantee on matters referred for review by the board of supervisors or the director grantee;

F. Act as the planning council for all HIV/AIDS programs in the department of health services or funded by the county; and

G. Make recommendations to the board of supervisors or department grantee concerning the allocation of funds other than Title I and II CARE Act funds expended by the grantee and the County department for the provision of HIV/AIDS-related services in the county of Los Angeles.

SECTION 12. Section 3.29.095 is hereby amended to read as follows:

3.29.095 Grievance procedure.

The commission shall have procedures approved by the board of supervisors and contained in its by-laws to address grievances with respect to CARE Act Title I funding. The grievance procedure shall be limited as follows:

A. Only providers eligible to receive CARE Act Title I funding, consumers, consumer groups and persons living with HIV/AIDS coalitions and caucuses may grieve.

B. Grievances shall be limited to the commission's, administrative agency's or grantee's failure to follow ~~its~~ the commission's established, written and published procedures for priority-setting, resource allocation or subsequent changes to priorities or allocations, or compliance with comprehensive care plan provisions or implementation strategies. Grievances may not involve funding allocations to individual service providers, procurement of specific services, or disagreement with the outcome of the priority~~—~~and allocation-setting process.

C. All settlements and rulings resulting from grievances shall not retroactively change priorities or allocations and shall be limited to future actions of the commission.

D. The grievance process shall include a procedure to submit grievances that cannot be resolved through mediation to binding arbitration.

SECTION 13. Section 3.29.100 is hereby amended to read as follows:

3.29.100 Commencement date.

The commission's tenure shall commence upon completion of appointment of a majority of voting members by the board of supervisors, and the commission shall ~~assume its above-specified duties on March 15, 1995 so as to allow adequate time for all nominations to be made by the respective nominating bodies and all appointments to have been completed by the board of supervisors, other than those nominations and appointments provided for in Section 3.29.030 subsections C, G and H.~~

SECTION 14. Section 3.29.120 is hereby deleted in its entirety.

~~3.29.120 Operative date.~~

~~The operative date of the ordinance codified in this chapter is March 15, 1995.~~

[329010BGCOC]

HOA.291950.1

ATTACHMENT B

PROPOSED MEMBERSHIP

SEAT	NOMINEE
Provider SPA #1	Jonathan Stockton
Provider SPA #2	Davyd McCoy
Provider SPA #3	Mario Chavez
Provider SPA #4	Ruel Nollado
Provider SPA #5	Elizabeth Gomez
Provider SPA #6	Richard Hamilton
Provider SPA #7	Ruben Acosta
Provider SPA #8	Andrew Signey
Health Care Provider	Carlos Peralta
Consumer SPA #1	Jocelyn Woodard
Consumer SPA #2	Everado Orozco
Consumer SPA #3	James Skinner
Consumer SPA #4	Gloria Perez
Consumer SPA #5	Jeffrey Goodman
Consumer SPA #6	Alicia Crews-Rhoden
Consumer SPA #7	William Fuentes
Consumer SPA #8	Robert Butler
Consumer District #1	Adrian Aguilar
Consumer District #2	Carla Bailey
Consumer District #3	Charles Carter
Consumer District #5	Bradley Land
Board Office District #1	Al Ballesteros
Board Office District #4	Whitney Engeran
Board Office District #5	John Griggs
Title III Providers	Quentin O'Brien
Title IV Providers	Marcy Kaplan
Health Care Systems	Anthony Braswell
City of Long Beach	Nettie DeAugustine
City of Pasadena	Angelica Palmeros
City of West Hollywood	David Guigni
PPC (non-voting)	Kathy Watt